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Attorney Docket No.: 2553.004

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Respectfully submitted,

Edward W. Goldstein
Reg. No. 22945
TOBOR & GOLDSTEIN, L.L.P.
1360 Post Oak Blvd., Suite 2300
Houston, TX 77056
Telephone: 713/877-1515
Facsimile: 713/877-1145



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

A / Re \$
108.770.00
109.160.00
570-25
122-130

In re Application for Reissue of:
Patent No. 5,443,833

Patentee: ANDREW R. CLARK
PAUL WRIGHT
JULIA H. RATCLIFFE

Issued: August 22, 1995

For: PHARMACEUTICAL
COMPOSITIONS

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Attorney Docket No.: 2553.004

REISSUE APPLICATION TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Enclosed for filing please find the Reissue Application papers of ANDREW R. CLARK
PAUL WRIGHT for Pharmaceutical Compositions.

This application is a reissue of U.S. Patent No. 5,443,833 issued on August 22, 1995 to the
above named inventors. The following documents are also enclosed:

1. Reissue Declaration of Andrew Clark pursuant to 37 C.F.R. § 1.63 and 1.175(a);
2. Unexecuted Reissue Declaration of Paul Wright pursuant to 37 C.F.R. § 1.63 and 1.175(a);
3. Power of Attorney;
4. Offer to Surrender;
5. Order for Title Report;
6. Postcard Receipt;
7. Corroborating Declarations pursuant to 37 C.F.R. § 1.175(b) of Alison Blakey, Stephen Jones and James Napoli;
8. Assent of Assignee to Reissue;
9. Proposed Reissue Claims;
10. Copy of U.S. Patent 5,443,833 which has 12 pages of specifications (including abstract and detailed description of the invention) and three claims; and

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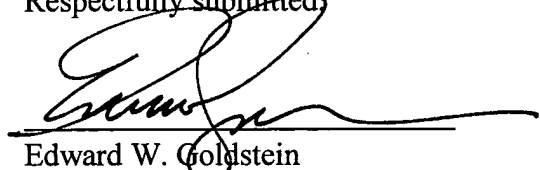
11. Petition for Filing Reissue Application by other than all of the Inventors, including supporting declarations of Andrew Agnew and John T. Polasek;
12. Copy of Certificate of Correction dated April 2, 1996.

A check in the amount of \$1085.00 is enclosed; \$930.00 for the filing fee, \$25.00 for the Title Report, and \$130.00 for the Petition for Filing Reissue Application by Other Than All the Inventors.

If for any reason the check is missing or insufficient, the Commissioner is authorized to charge any additional fees which may be required (or credit any overpayment) to Deposit Account No. 20-1299; Order No. 2553.004/EWG.

If any additional informalities are identified by the Examiner, please contact the undersigned attorney at (713) 877-1515.

Respectfully submitted,



Edward W. Goldstein

Reg. No. 22945

TOBOR & GOLDSTEIN, L.L.P.

1360 Post Oak Blvd., Suite 2300

Houston, TX 77056

Telephone: 713/877-1515

Facsimile: 713/877-1145

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Attorney Docket No.: 2553.004

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Date: August 15, 1997

## MANUAL OF PATENT EXAMINING PROCEDURE

PTO/SB/56 (6-95)

Approved for use through 05/31/98. OMB 0651-0033  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| REISSUE APPLICATION FEE DETERMINATION RECORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                                                     |                                           |                             |             | Docket Number (Optional) |                          |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------|-------------------------------------------|-----------------------------|-------------|--------------------------|--------------------------|--------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                     |                                           |                             |             | 2553.004 EWG             |                          |        |
| Claims as Filed - Part 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                     |                                           |                             |             |                          |                          |        |
| Claims in Patent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | For                                     | Number Filed in Reissue Application                 | (3)<br>Number Extra                       | Small Entry                 |             | Other than a Small Entry |                          |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                     |                                           | Rate                        | Fee         | Rate                     | Fee                      |        |
| (A) 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Total Claims (37 CFR 1.16(i))           | (B) 13                                              | 0                                         | x \$                        | =           | OR                       | x \$80 = 0               |        |
| (C) 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Independent Claims (37 CFR 1.16(i))     | (D) 5                                               | 2                                         | x \$                        | =           |                          | x \$80 = 160             |        |
| Basic Fee (37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                                                     |                                           | \$                          |             |                          | \$770.                   |        |
| Total Filing Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                     |                                           | \$                          |             | OR                       | \$930.                   |        |
| Claims as Amended - Part 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                                                     |                                           |                             |             |                          |                          |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (1)<br>Claims Remaining After Amendment |                                                     | (2)<br>Highest Number Previously Paid For | (3)<br>Extra Claims Present | Small Entry |                          | Other than a Small Entry |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                     |                                           |                             | Rate        | Fee                      | Rate                     | Fee    |
| Total Claims (37 CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ...                                     | MINUS                                               | ..                                        | =                           | x \$        | =                        | OR                       | x \$ = |
| Independent Claims (37 CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ...                                     | MINUS                                               | .....                                     | =                           | x \$        | =                        |                          | x \$ = |
| Total Additional Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                                     |                                           | \$                          |             | OR                       | \$                       |        |
| <p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 20-1299.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 1085.00 to cover the filing / additional fee is enclosed.</p> |                                         |                                                     |                                           |                             |             |                          |                          |        |
| 8/21/97                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                                     |                                           |                             |             |                          |                          |        |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         | Signature of Applicant, Attorney or Agent of Record |                                           |                             |             |                          |                          |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         | Edward W. Goldstein                                 |                                           |                             |             |                          |                          |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         | Typed or printed name                               |                                           |                             |             |                          |                          |        |

\*\*Burden Hour Statement: This form is estimated to take 5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.